GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4064
ANSWERED ON:20.04.2005
GRANT-IN-AID FOR ERADICATION OF BLINDNESS AND AIDS
Pathak Shri Brajesh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the amount of Central grant-in-aid provided during the current year to Uttar Pradesh and other States for eradication of blindness and leprosy;

(b) the amount released so far for this purpose, State-wise;

(c) whether the Government has issued any guidelines regarding utilization of the central grant-in-aid; and

(d) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) Under National Programme for Control of Blindness and National Leprosy Eradication Programme no fund has been released to Uttar Pradesh and other States during the current financial year, i.e. 2005-06.

(b) Does not arise.

(c) Yes, Sir.

(d) A copy of the revised pattern of assistance for National Programme for Control of Blindness for 10th Plan is enclosed as annexure-I and pattern of funding of National Leprosy Eradication Programme is enclosed as annexure-II.

Annexure-I

No.G.20015/01/97-Opth.BC
Government of India
Ministry of Health & Family Welfare
(Blindness Control Section)

Nirman Bhawan, New Delhi,
Dated the 12th October, 2004

OFFICE MEMORANDUM

Subject:- Revised Pattern of Assistance for National Programme for Control of Blindness during the 10th Plan.

National Programme for Control of Blindness (NPCB) was launched in the year 1976 a 100% centrally sponsored scheme with the goal of reduciang the prevalence of blindness. The goal set for the terminal year of the 10th Plan is to reduce the prevalence of blindness to 0.8%.

2. The main objectives of the Programme are:

a) To provide high quality of eye care to the affected population;
b) To expand coverage of eye care services to the underserved areas;
c) To reduce the backlog of blindness by identifying and
providing services to the affected population; and

d) To develop institutional capacity for eye care services
by providing support for equipment and material and training personnel.

3. The Programme objectives are to be achieved by adopting the following stategy:

Decentralized implementation of the scheme through
District blindness Control Societies;
Reduction in the backlog of blind persons by active
screening of population above 50 years, organizing screening
eye camps and transporting operable cases to eye care facilities;
Involvement of voluntary organization in various eye care activities.
Participation of community and Panchayat Raj
Institutions in organizing services in rural areas.
Development of eye care services and improvement in
quality of eye care by training of personnel, supply of high
tech equipments, strengthening follow up services and monitoring of services;
Screening of school going children for identification
and treatment of Refractive Errors; with special attention
in under served areas.
Public awareness about prevention and timely treatment of eye ailments.
Special focus on illiterate women in rural areas. For
this purpose, there should be convergence with various
ongoing schemes for development of women and children.
To make eye care comprehensive, besides cataract
surgery other Intra Ocular surgical operations for treatment
of Glaucoma, Diabetic Retinopathy etc. may also be provided
free of cost to the poor patients through government as well
as qualified non government organizations.

4. Targets for the 10th Plan:

During the 10th Plan the scheme would consolidate gains in controlling cataract blindness and also initiate activities to prevent and control blindness due to other causes particularly in children and the aged. This would be done by further increasing cataract surgery rates, increasing coverage, developing infrastructure and human resources for other causes of blindness and involvement of community including Panchayats and voluntary organizations. The scheme would be uniformly implemented throughout the country. Funds available under the scheme would be utilized on the following activities:

a. Performing 2.11 crore cataract operations with more than 80% being IOL implantation;

b. Screening of school children for detection of refractive errors and
providing 3.1 lakh free spectacles to poor children.

c. Collection of 1.75 lakh donated eyes (after death) for transplantation in persons
with corneal blindness;

d. Training of 1200 eye surgeons in modern cataract surgery and other specialized procedures;

e. Enhancing capacities for eye care services in public sector by providing assistance
to hospitals at various levels;

f. Setting up 2000 vision centers in rural areas at Primary Health Centers

and NGO facilities for providing basic services to rural population;

g. Developing network of 25 eye banks and eye donation centers to facilitate collection and processing of donated eyes;

h. Providing non-recurring assistance to 50 voluntary organizations for strengthening/expanding eye care services for rural population.

The year-wise targets are given at Appendix-I.

5. Pattern of Assistance: It has been decided to make some amendments in the existing pattern of assistance. The main features of revised pattern of assistance are given below:

a. Support for salaries of key technical staff (Eye Surgeons, Ophthalmic Assistance and State Ophthalmic Cell) on posts created during the 9th Plan has been continued up to the 10th Plan (March, 2007)

b. Support to State Blindness Control Society enhanced for better management and monitoring capacity.

c. Increase in commodity assistance to various facilities to increase their capacity for treatment of all type of eye ailments including those required for restoration of vision in blind children;

d. Facilities for Intra-ocular Lens (IOL) implantation expanded up to Taluka level;

e. Marginal increase in grant-in-aid to NGOs due to escalation of costs and for better quality of corrective spectacles;

f. To cnhance utilization of eye care facilities available in the Government Sector, a scheme would be evolved where Panchayhats would be involved in the programme. They would organize identification, motivation and transport of persons requiring eye care services including cataract surgery to government fixed facilities. Panchayats can use services of PHCs/sub centre staff, ICDS functionaries (Anganwadi workers) and voluntary groups like Mahila Mandals etc. This scheme would aim at utilizing existing facilities and reduction in backlog particularly in underserved areas. District Blindness Control Societies would pay a sum not exceeding Rs. 175 per operated case to Panchayats for meeting expenditure on this activity.

g. Assistance for contruction of new eye wards and operation theatres in Government sector has been discontinued.

Revised Pattern of Assistance as approved by the Cabinet Committee Economic Affairs are given at Appendix-II. Norms for financial assistance for various components are given at Appendix-III.

Grant -in-aid for cataract operations performed before 1st October 2004 would be paid as per old pattern of assistance. The Revised Pattern of Assistance will be effective w.e.f. 1st October, 2004.

Sd/-

(Raj Kumar)
Under Secy. to the Govt. of India

1. Secretary (Health) All States.

2. Directors of Health Services (All States)

3. Joint Director (NPCB) All States.

4. District Collectors & Chairpersons, District Blindness Control Societies (All Districts by NIC Mail).

Appendix-I

National Programme for Control of Blindness

Physical Targets during the X Plan (2002-2007)

	2002-03	2003-04	2004-05	2005-06	2006-07	Total
Strenghening Eye Care Infrastructure						
Regional Institutes of Ophthalmology	0	3	4	4	4	15
(Strengthen existing and 5 new) Medical Colleges (Paediatric Units/Low Vision Centrer)	10	10	10	10	10	50
District Hospitals for IOL Surgery	50	50	50	50	50	250
Sub-District Hospitals for IOL Surgery	0	25	25	25	25	100
Primary Health Centres (Vision Centres)	0	500	500	500	500	2000
Eye Banks	0	6	6	6	7	25
Eye Donation Centres	0	24	24	24	28	100
Non-recurring GIA to NGOs for setting up/expanding eye care facility	5	12	12	12	9	50
Physical Targets						
Cataract Operations (In Lakhs)	40	41	42	43	45	211
Spects to School children (in thousand)	25	30	35	40	45	175
Training						
Eye Surgeons in IOL/SICS/PHACO	200	200	200	2000	200	1000
Eye Surgeons in Ophthalmic Sub-speciality	0	50	50	50	50	200
Nurses in Ophthalmic techniques	200	200	200	200	200	1000
Refresher for Ophthalmic Assistant	500	500	500	500	500	2500

Appendix-II

REVISED PATTERN OF ASSISTANCE UNDER NPCB APPROVED FOR 10TH PLAN

Component	Revised pattern of Assistance
1 A. State Ophthalmic Cell	(a) For Major States (21) Recurring assistance (Cash Grant) of Rs. 7.00 lakhs per annum to meet the cost on salary of the following staff, TADA, organizing review meetings, operating aned maintenance of office equipments and contingencies. Joint/Dy. Director -1 Accountant -1 Computer Operator/Statical Assistant -1 Stenographer/LDC -1 Group `D` -1

(b) For Small States/UTs (14)
Recurring assistance(Cash Grantss) of Rs. 30.00 lakhs per annum to meet the cost on salary of the following staff, TD/DA, organizing review meeting s and contingencies:

Dy. Director	-1
Stat. Asstt. Or Stenographer/	-1
Computer Operatory	-1
Group D	-1

Note: Tlic above staff may be engaged deputation/on contract

1.B. State Blindness Control Society	Non-recurring grant-in-aid to of Rs.3 lakhs towards puchase of computer, printer, fax, Xerox machine, office furniture, fixtures Recurring grnt-in-aid: For Major States Rs. 9 lakhs, for Small States/UTs Rs. 4 lakhs towards TA/DA, organizing review meetings, maintenance and operational costs, furnishing of State Ophthalmic Cell and remuneration to support staff on contract Details are at Annex.III (G)
2 Strengthening/setting up of Regional institutes of Ophthalmology	Non-recurring commodity assistance up to Rs. 30 lakhs for new RIOs and Rs. 30 lakh for existing RIOs for providing ophthalmic equipments for development of paediatric eye units/low vision units/retina units and training infrastructure. List of Equipment is at Annexure-III (A)
3. Strengthening of District Hospitals	Non-recurring commodity assistance up to Rs. 30 lakhs for providing ophthalmic equipments as commodity assistance for development of paediatric eye units/low vision units. List of Equipment is at Annexure-III) (A).
4. Strengthening of District Hospitals	Non-recurring commodity assistance up to Rs. 12 lakhs for Ophthalmic equipments for IOL. Surgery List of Equipment is at Annexure III (B)
5. Upgradation of subdist. Hosp/CHCs	Non-recurring commodity assistance up to Rs. 3 lakhs for ophthalmic equipments for IOL Surgery. List of equipment is at Annexure III (B)
6. District Mobile Unit	Staff available under Mobile Unit to be re-deployed against vacant posts. Vehicle available for Mobile Units will be allotted to District Blindness Control Society for conducting screening camps/surgical eye camps in underserved areas.
7.Vision Centres at PHCs/in Vol.	Non recurring assistance up to Rs. 25,000 for basic equipments, furniture and fixtures. GIA to DBCS would